

SALESPERSON CHANGE APPLICATION

RE 214 (Rev. 5/96)

- This form is to be used for changes to salesperson's records only. Broker-salesperson's should use RE 204.
- ***Read instructions on reverse side before completing.***
- Do not write in shaded areas — they are for DRE use only.

TYPE OF CHANGE [Check appropriate box(es)]

- | | |
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| <input type="checkbox"/> SPONSORING BROKER/CORP. | <input type="checkbox"/> MAILING ADDRESS |
| <input type="checkbox"/> EMPLOYMENT TERMINATED | <input type="checkbox"/> ACTIVATION |
| <input type="checkbox"/> ISSUE DUPLICATE LICENSE — \$10 | <input type="checkbox"/> PERSONAL NAME |
- (See "duplicate license" on reverse side.)

SALESPERSON INFORMATION

Received Date

1. LICENSE IDENTIFICATION NUMBER	2. DO YOU WANT YOUR NAME AND ADDRESS TO BE ON MAILING LISTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
3. SALESPERSON'S NAME — AS IT APPEARS ON LICENSE. — LAST, FIRST, MIDDLE			
4. SALESPERSON'S NEW NAME (IF CHANGING) — LAST, FIRST, MIDDLE (See instructions on reverse side; sign line #11 with new name.)			
5. SALESPERSON'S MAILING ADDRESS — STREET ADDRESS/P.O. BOX, CITY, STATE, ZIP CODE			
6. SALESPERSON'S RESIDENCE ADDRESS — STREET ADDRESS OR PHYSICAL DESCRIPTION (DO NOT LIST A POST OFFICE BOX), CITY, STATE, ZIP CODE			
7. SOCIAL SECURITY NO. (REQUIRED)	8. SALES. LICENSE EXPIRATION DATE MONTH DAY YEAR	9. BUSINESS TELEPHONE NUMBER ()	10. RESIDENCE TELEPHONE NUMBER ()

SALESPERSON CERTIFICATION

I HEREBY CERTIFY THAT A) THE INFORMATION ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, B) I HAVE COMPLIED WITH §10161.8(C) AND (D) OF THE BUSINESS AND PROFESSIONS CODE AND §2741 OF THE COMMISSIONER'S REGULATIONS, AND C) I HAVE GIVEN NOTICE OF TERMINATION OF EMPLOYMENT TO THE BROKER IDENTIFIED ON LINE #22.

11. SIGNATURE OF SALESPERSON — MUST BE ORIGINAL SIGNATURE, NOT PHOTOCOPY, ETC. »»	DATE
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NEW SPONSORING BROKER/CORPORATION INFORMATION

12. BROKER/CORPORATION ID NO.	13. SALESPERSON EMPLOYMENT DATE
14. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S	

15. MAIN OFFICE ADDRESS OF BROKER/CORP. — STREET ADDRESS, CITY, STATE, ZIP CODE

EMPLOYING BROKER CERTIFICATION

I HEREBY CERTIFY THAT A) THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, B) THERE IS A WRITTEN AGREEMENT WITH THIS SALESPERSON ON FILE IN MY OFFICE AS REQUIRED BY §2726 OF THE COMMISSIONER'S REGULATIONS, AND C) THIS APPLICATION IS IN COMPLIANCE WITH §2741 OF THE COMMISSIONER'S REGULATIONS.

16. SIGNATURE OF NEW BROKER/LICENSED OFFICER — MUST BE ORIGINAL SIGNATURE, NOT PHOTOCOPY, ETC. »»	DATE	
17. PRINTED NAME OF #16 SIGNER	18. BROKER/CORP. EXPIRATION DATE	19. BUSINESS TELEPHONE NUMBER ()

FORMER BROKER/CORPORATION INFORMATION

20. BROKER/CORPORATION ID NO.	21. DATE SALESPERSON TERMINATED
22. BROKER/CORPORATION NAME — AS IT APPEARS ON LICENSE; NO DBA'S	

23. SIGNATURE OF FORMER BROKER/LICENSED OFFICER »»	DATE
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FOR DRE USE ONLY

PROC. #	DATE PROCESSED	SENDER'S #	DATE SENT	FORM LETTER/COMMENTS	DOCUMENT DATE USED & TYPE (circle one) RD AD KD
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GENERAL INFORMATION

- Type or print clearly in ink (black or blue; do not use red).
- If you have any questions, please call (916) 227-0931 or write to the address listed below.
- Receipt of this form will not be acknowledged.

TYPE OF CHANGE

Check the appropriate box(es) on page 1 and complete the application as instructed below.

- Mailing Address Complete Items #1 - 11.
- Personal Name Complete Items #1 - 11.
- Issue Duplicate License Complete Items #1 - 11.
- Activation Complete Items #1 - 19.
- Sponsoring Broker ... Complete Items #1 - 23.
- Employment Terminated by Broker Complete Items #1, 3, and 20 - 23.
- Employment Terminated by Salesperson Complete Items #1, 3, 5 - 11, and 20 - 22.

Change of Personal Name – Enter full new name. Attach verification of name change (i.e., legible copy of drivers license, marriage certificate, court order, etc.). Sign this form with your new name. A new license will be issued bearing the new name.

Mailing Address – The mailing address (*post office box, residence or business address*) is used to mail the *Real Estate Bulletin* and other correspondence to you. If your mailing address is that of your broker, please note “c/o” (*in care of*) your sponsoring broker or corporation.

Non-California Residents – If residing outside the State of California, a Consent To Service Of Process (RE 234) is also required.

DUPLICATE LICENSE

A fee of \$10.00 is required for the following transactions:

- To replace an existing or lost license certificate;
- To obtain an updated license certificate following a change of main office or mailing address, or change of employing broker.

A license certificate is automatically generated for the following transactions without a duplicate license fee:

- Requests for personal name change;
- Issuance of an unconditional salesperson license following submission of educational requirements of Section 10153.4 of the Business & Professions Code.

DELIVERY OF APPLICATION

This application may be delivered in person at any district office or mailed to the Sacramento office.

Mail To: Department of Real Estate
P.O. Box 187003
Sacramento, CA 95818-7003

NOTE TO SPONSORING BROKER/CORPORATION

Sponsoring Broker/Corporation ID# and Name – If you are licensed both as an individual broker and as an officer of a corporation, enter the appropriate ID# and name.

- If the salesperson will be working for you under your individual license, enter the name and ID# from that license.
- If the salesperson will be working for you under your corporation officer’s license, enter the corporation name and ID# from that license.
- Do not list DBA’s on this application.

PRIVACY NOTICE: Section 1798.17 of the Civil Code requires this notice be provided when collecting personal or confidential information from individuals. *Each individual has the right to review personal information maintained by this agency, unless access is exempted by law.*

Department of Real Estate
2201 Broadway
Sacramento, CA 95818

Managing Deputy Commissioner IV
Licensing and Examinations
Telephone: (916) 227-0931

General powers of the Commissioner, Section 10050, 10071 and 10075 of the Business and Professions Code authorizes the maintenance of this information.

Business and Professions Code Section 30, added by Statutes 1986, Chapter 1361, Section 1, requires each Real Estate licensee to provide to the Department of Real Estate his or her Social Security number which will be furnished to the Franchise Tax Board. Failure to provide this information is subject to the penalty provided in Revenue & Tax Code, Section 19276. Your Social Security number shall not be deemed a public record and shall not be open to the public for inspection. The Franchise Tax Board will use your number to establish identification exclusively for tax enforcement purposes.

The Real Estate Law and the Regulations of the Commissioner require applicants to provide the Department with specific information. If all or any part of the required information is not provided processing may be delayed. In addition, the Commissioner may suspend or revoke a license, or in the case of a license applicant, may deny the issuance for misstatements of facts (including a failure to disclose a material fact) in an application for a license.

The information requested in this form is primarily used to furnish license status information to the Department’s regulatory section, and to answer inquiries and give information to the public on license status, business address and actions taken to deny, revoke, restrict or suspend licenses for cause.

This information may be transferred to real estate licensing agencies in other states, law enforcement agencies (City Police, Sheriff’s Departments, District Attorneys, Attorney General, F.B.I.) and any other regulatory agencies (i.e., Department of Corporations, Department of Insurance, Department of Consumer Affairs, California Bar Association).